

SEP 13 2004

PTO/SB/82 (09-03)

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/181,583
Filing Date	08/28/1998
First Named Inventor	Adnan Shennib
Art Unit	2643
Examiner Name	Ensey, Brian
Attorney Docket Number	022176-000300US

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

20350

Please change the correspondence address for the above-identified application to:

The address associated with  
Customer Number:

20350

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Individual Name

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Susan Whichard, Vice President, InSound Medical, Inc.		
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Signature	<i>Susan Whichard</i>		
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Date	9-7-04	Telephone	510-792-4000
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

60268813 v1

PTO/SB/06 (08-03)

Attorney Docket No. 022176-000300US  
Client Ref. No.**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: Insonus Medical, Inc., (now InSound Medical, Inc.—see attached merger document 01/08/2002)Application No./Patent No.: 09/181,533 Filed/Issue Date: 08/28/1998Entitled: Remote Magnetic Activation of Hearing DevicesInSound Medical, Inc., a Corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

- the assignee of the entire right, title, and interest; or
- an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %

In the patent application/patent identified above by virtue of either:

A.  An assignment from the Inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 9554, Frame 0398, or for which a copy thereof is attached.

OR

B.  A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:1. From: \_\_\_\_\_ To : \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.2. From: \_\_\_\_\_ To : \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.3. From: \_\_\_\_\_ To : \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at  
Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached. Additional documents in the chain of title are listed on a supplemental sheet. Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.8]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9-7-04

Date

510-792-4000

Telephone number

Susan Whichard

Typed or printed name

Susan Whichard

Signature

Vice President, InSound Medical, Inc.

Title

60268815 v1

**TOWNSEND**  
*and*  
**TOWNSEND**  
*and*  
**CREW**  
LLP

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### FACSIMILE COVER SHEET

Date: <b>September 13, 2004</b>	Client & Matter Number: <b>022176-000300US</b>	No. Pages (including this one): <b>4</b>
To: <b>Sinh Tran USPTO</b>	At Fax Number: <b>(703) 872-9306</b>	Confirmation Phone Number:
<b>From: Joel M. Harris (5129)</b>		

**Message:** Attached are the Transmittal Form, Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address, and Statement Under 37 CFR 3.73(b) for U.S. Patent Application Serial No. 09/181,533 filed 10/28/98.

60307745 v1

Original Will:	<input type="checkbox"/>	BE SENT BY MAIL	<input type="checkbox"/>	BE SENT BY FEDEX/OVERNIGHT COURIER	<input type="checkbox"/>	BE SENT BY MESSENGER	<input checked="" type="checkbox"/> X	NOT BE SENT
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Faxed: Return to: Marcia Shea - (5451)

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SEP 13 2004

PTO/SB/21 (04-04)

TRANSMITTAL  
FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/181,533
Filing Date	October 28, 1998
First Named Inventor	SHENNIB, ADNAN
Art Unit	2643
Examiner Name	SINH TRAN
Attorney Docket Number	022176-000300US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Statement Under 37 CFR 3.73
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks      The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or individual name	Townsend and Townsend and Crew LLP Joel M. Harris	Reg. No. 44,743
Signature		
Date	9/10/04	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 972-9306 on

9/13/04

Typed or printed name	Marcia D. Shea
Signature	
	Date 9/13/04

60306424 v1